U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

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This report is mandatory under P.E. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

E READ THE INSTRUCTIONS CAI	REFULLY BEFORE PREPARING THIS REPORT.
1. File Number U - 12/32	2. Fiscal Year Covered From:
	01/1/2009hrough: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name CHARLES E BROWN JR	Name LABORERS TUTERNATIONAL UNION OF MANY Labor Organization File Number ERNATIONAL UNION OF MANY
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any

State M1.550 UR1 ZIP Code + 4 63/11

Street

905 16th STREET NORTHWEST

City

WASHINGTON

State DISTRICT OF COLUMBZIP.Code + 4 26666

Position in labor organization.

city ST Louis

Street 3216 DAKOTA

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name .		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street	,	
City		
State 7IP Code + 4 ' -		

Signature

15. Signature and verification. The undersigned declares, under penalty of Persubmitted in this report (including the information contained).	ritury and other applicable popultion of the law, that all of the information
addition in the report intolucing the hitternation coursing in any accompanying	MOCHEMORICS has been exempled but by a limit of the state
undersigned's knowledge and belief, true, correct, and complete. (See the section	on on negatives in the instructions \
	if on periodes in the instructions.)
	/ i
Signed / A a // ()	

Form LM-30 (2003)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

ILLI NOIS LABORERS - CONTRACTORS JOINT APPRENTICATION NAME OF TRAINING PROGRAM

9. Business deals with:

Trade Name, if any:

a. Labor Organization

b. Trust

P.O. Box, Bldg., Room No., if any

Street RUVAL ROUTE 3

c. Employer

City Mt, STErling

State Thinois

ZIP Code + 4 6 2 3 5 3

10. If 9.b. or 9.c. is checked give trust or employer's name.

11.a. Nature of such dealing.

Name

Trade Name, if any:

Training CAMP BY IIINOIS LABORERS Training PROGRAM. TO TrAIN SHOP STEWARTS. IN THAT THEY CAN SerVE Their nembers better

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Padicipaled in Shop Steward Training CLASS

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.
, , , , , , , , , , , , , , , , , , , ,

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

August 15th 2005

US Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N. 5616 Washington, DC 20210

Re: Form LM-30 Filing for Charles E. Brown Jr., Labor Organization File No.

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that , in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004

Sincerely, Sound Charles E. Brown Jr.